TRANSMITTAL FORM (to be used for all correspondence after initial filing) Total Number of Pages in This Submission			Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	10/086,17 02/26/200 Christoph 1647 Bridget E. CHEMP0	PTO/SB/21 (09-06) Approved for use through 03/31/2007. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ection of information unless it displays a valid OMB control number. 10/086,177 02/26/2002 Christopher R. Tudan 1647 Bridget E. Bunner CHEMP001.US02	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 The Co		Remar 5. (2) Re 6. (2) Sta 7. Amenda 8. Replace	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocati Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Cooks Evocation of POA with New I attement under 37 CFR 3.73 dment and Request for Chacement Sheets (13)	ion Address CD POA and Cl 8(b) ange in Inve	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 1. Postcard 2. Check 3. Issue Fee Transmittal (see below) hange of Address	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name						
TIPS Group Signature Printed name Brian S. Boyer Date December 3, 2007			CUSTOMER NO.	Reg. No.	52,643	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature						

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Laura L. Hulac

Date December 3, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (04-07)

Fees Paid (\$)

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DEC 0 3 200 Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Eggs Rucedant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/086.177 **Application Number** TRANSMITTA Filing Date 02/26/2002 For FY 2007 First Named Inventor Christopher R. Tudan **Examiner Name** Bridget E. Bunner ✓ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1647 TOTAL AMOUNT OF PAYMENT 1,130.00 Attorney Docket No. CHEMP001.US02 METHOD OF PAYMENT (check all that apply) Check Credit Card | Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: <u>50-3539</u> Deposit Account Name: TIPS Group For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80

Reissue 300 500 600 150 250 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity Fee Description** Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets **Extra Sheets** Fee (\$) -100 =/ 50 = (round up to a whole number) x

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Process Fee \$130.00; Issue Fee \$700; Publication Fee \$300

\$1,130

SUBMITTED BY Registration No. Telephone 650-293-3365 Signature (Attomey/Agent) Date Name (Print/Type) Brian S. Royer

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